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ABSTRACT

Hypnotherapeutic approaches in helping physically disabled patients cope with stress and plan further goals during the rehabilitation period are discussed. Several techniques possible in a rehabilitation setting are presented, including integration of ego strengthening and self-esteem building. It is noted that, in rehabilitation, a major goal of hypnotherapy is to help patients restore or rebuild an adequate sense of identity and formulate worthwhile, realistic life style plans. Accomplishing this through encouraging the patient to take a realistic, positive view of his or her potential is explained. The final therapeutic outcome is presented as enhancement of the individual's self-worth through use of the authors' map for therapy in a rehabilitation setting. A theoretical framework underlying hypnotherapy during rehabilitation is presented. It is concluded that well-designed studies are needed to document the various aspects of treatment effectiveness and that advances in conceptualization of the hypnotic process and in evaluation methodology are essential. (Author/NB)

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"USE OF HYPNOSIS IN SELF-ESTEEM BUILDING: REVIEW AND MODEL FOR REHABILITATION"

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SELF-ESTEEM BUILDING

Abstract

Hypnotherapeutic approaches in helping physically disabled patients cope with stress and plan further goals during the rehabilitation period are discussed. Several techniques possible in a rehabilitation setting are presented, including integration of ego strengthening and self-esteem building. In rehabilitation, a major goal of hypnotherapy is to help patients restore or rebuild an adequate sense of identity and formulate worthwhile, realistic life style plans. This is done through encouraging the patient to take a realistic, positive view of his or her potential. The final therapeutic outcome is enhancement of the individual's self-worth through use of the authors' map for therapy in a rehabilitation setting. A theoretical framework underlying hypnotherapy during rehabilitation is presented. It is concluded: (1) Well-designed studies are needed to document the various aspects of treatment effectiveness, 2) Advances in conceptualization of the hypnotic process and in evaluation methodology are essential.

Use of Hypnosis in Self-esteem Building

Review and Model for Rehabilitation

A good rehabilitation program is geared toward enhancement of various behavioral aspects of the self such as self-fulfillment, self-sufficiency and self-actualization. Successful rehabilitation outcome is correlated with the individual's feelings of worth,

desirability and adequacy (Fitts, 1972). Trieschmann (1980) viewed the psychologist as functioning in evaluation of the disabled person's strengths and assets and promoting intervention strategies to utilize the patient's potentialities. The patient must still feel like a complete and worthy person, not inferior because of a handicap, only different (Cholden, 1958).

Steffenhagen (1983) presented self-esteem as the core around which personality evolves and self-esteem hypnotherapy as a process which can be used to build confidence and self-esteem. However, little has been published about hypnotic techniques to facilitate rehabilitation in a varied medical setting, where patients would be adjusting to gross, severe physical loss. Possible rehabilitation examples would be spinal cord injury, blindness, or loss of any major sensory modality or physical ability. In such situations, because of the extreme physical loss and associated emotional trauma, the patient is primed to respond to ego restorative techniques in hypnotic rehabilitative intervention.

White (1941) presented hypnosis as one of the few techniques to bring about extensive alteration in patterns of experience constituting the self. Rossi edited Ericksonian material, depicting the use of hypnosis in facilitating new identity and even in bringing about personality reconstruction (Erickson, 1980).

The concept of imprinting as described by Cheek and LeCron (1968) can be applied to hypnotic rehabilitation. Under the influence of emotion, possibly as an adaptive mechanism, the patient often slips spontaneously into hypnosis where increased suggestibility helps in changing self-body image. Since the mentally suffering individual is in a catastrophic state, nature may predispose this individual to be more open to change.

We propose using rehabilitative hypnotic suggestions for self-esteem building in the rehabilitation candidate experiencing negative imagery about loss, who may respond positively to "prestige (authority) suggestions" for imprinting of rehabilitative suggestion. We seek a commitment from the patient's subconscious to the positive aspects induced and fostered. An important consideration is cogent, positive wording used hypnotically to embed a sense of success and confidence both formally and informally, consciously and subconsciously.

Eventually, capacity for self-hypnosis, a major goal of the therapy, develops within the patient. Self-hypnosis, as continuation of the mutual therapeutic process, provides a mechanism for sustaining positive growth. Self-hypnosis leads to integration of positive self-image into behavior.

Literature Review of Hypnotic Techniques for Increasing Self Esteem and Ego Strengthening

Hartland (1971) emphasized the importance of ego strengthening techniques which can be employed preceding all kinds of hypnotherapy to restore the patient's confidence and to render the individual more capable of handling personal difficulties. The significant factors in the process include rhythmical delivery, repetition of words and ideas, interpolation of appropriate pauses between groups of ideas and words and stressing of confidence building words with repetition of the same idea. Sequence of suggestions is presented in a direct, repetitive manner so that it is impressed upon the unconscious mind.

Stanton (1977b) quoted numerous studies said to show when people are given concrete, hypnotic suggestions regarding emotional and

behavioral changes, there is significant influence upon behavior. In this article, Stanton formulated modified Ellis ego-building suggestions to be compared with those of Hartland and finds both approaches to be equally effective. Examples of the "modified Ellis" approach include directives for day-by-day increasing enjoyment in life, increasing competence, fostering adequacy, reinforcing a type of achievement emphasizing basic worthwhileness of the individual and encouraging the individual to find a purpose in life.

Self-image enhancement, as a new map of conduct altering the negative framework into a positive anticipation framework and reducing fear of change, often occurs in Ericksonian hypnotherapy. In building self-esteem, the hypnotherapist puts the patient's reality percept into a new conceptual and emotional framework, providing a beginning with hope by emphasizing the positive and changing self-defeating behaviors. A negative symptom is placed into a positive framework, and then the symptom itself will change (Lankton & Lankton, 1983),

For real change of self-image, the unconscious mind must be equipped with a rehearsed new map to follow. It is important to use visual anchors in shaping for success; thus, the patient visualizes behaviorally specific visual cues representing desired personal qualities to be included in the individual's perception of self, the central self-image. When an anxiety producing situation occurs, the central self-image serves as a resource through internal review of positive scenarios that are used to cope with stress. Optimally, the positive scenario comes to mind at the first sign of stress, for through mental rehearsal, the conditioned scenario and positive self-image thinking have become automatic habit patterns. When the patient uses

such an approach, eventually anxiety is disrupted with positive thinking (C.H. Lankton, 1983).

Positive suggestions for effective living have long been used for self-improvement, but recently they have been recognized within the field of hypnosis (e.g., Barber, 1978; Elton & Burrows, 1978; Stanton, 1977b). Barber used positive behavioral suggestions with protective symbolism to improve feeling states, increase creative awareness through sensory-related techniques and to open the mind up for change.

Stanton (1977a) presented twelve techniques designed to encourage positive thinking and facilitate positive attitude change through thought switching, filling the mind with positive rather than negative thought. Filling minds with optimistic thoughts, deliberately thinking the opposite of the negative, will switch thought patterns. Hypnosis is useful as a technique whereby the subconscious mind is programmed to achieve attitude change or thought switching more quickly and effectively. In Stanton's techniques, imagination facilitates change. Symbolic techniques or trigger words are used: imagining a balloon to float away woes; visualization of barrier-like wall smashing or use of a helmet as protective image; focusing upon positive words written on a mental blackboard; putting troubles and problems away in compartments to stop worries; success visualization by dwelling on a positive image; and use of the technique of the tranquility room, a secure place, to gain respite from negative external stimuli.

A viable way of achieving mood changes is the visualization of particularly rewarding or successful episodes. Having a store of very positive self-enhancing images is a valuable antidote to misery and depression. When a patient is displacing anger or anxiety by means of a

habit pattern, then one may employ hypnosis for insight to counteract rigidity (Stanton, 1978). Elton and Burrows (1978) used a visualization-ego-enhancing approach similar to Stanton, with a tranquil secret room as a safe place where the patient grows in strength and finds inner security.

Possibly, the hypnotherapeutic approach would counteract irrational beliefs associated with low self-esteem, e.g., demand for approval, high self-expectation, anxious overconcern and problem avoidance which were described by Daly and Burton (1983). In therapy, a top priority is to take into account the dignity and self-esteem and self-respect of the patient which would enhance the person's self-esteem (Spiegel & Spiegel, 1978).

Similarly Pelletier (1979) applied a metaphoric ego-strengthening technique whereby patients picture themselves in a nature scene with a strong tall tree vividly described in strengthening terms also applicable to them. Gindhart (1981) stimulated personal growth or self-concept change through metaphoric technique by presenting a metaphoric story about the seasons of the year, designed to create opportunity for patient growth. During hypnosis, Gindhart matched patient's self-concept development to the change of seasons.

Applying Ericksonian techniques, C.H. Lankton (1983) encouraged the patient to visualize desired future goals and then review potentially related steps of accomplishment. She directed the patient to vividly experience a desired future goal while being there in the present tense. Next, stepping back in time, the patient would rehearse the necessary adjustments required to accomplish desired goal(s). Termination consisted of a reorientation to current time, exiting the fantasy in reverse order, ending up where you began.

Ego-Building Hypnosis Within the Rehabilitation Therapy Process - -

Hypnosis Paralleling Adjustment Phases

We are using hypnosis essentially with relatively normal patients who are under stress. In such a context, we see hypnosis as a treatment modality in its own right, which may relate to loss and bereavement.

Rehabilitation can be conceptualized as similar to mourning when both are considered growth processes. As early as the sixties, Bauman and Yoder (1966) described "grief work" with blind persons to be an important part of the rehabilitation process. Fromm and Eisen (1982) summarized literature on the mourning process into three basic stages which have somewhat different emphases within each stage. A conceptual distillation of mourning is: State I as withdrawal, grief and denial; Stage II as disorganization and despair, possible hyperactivity and change in self-concepts; Stage III as recovery, reorganization of self and return of creative potential. Hypnotic suggestion was presented as particularly valuable in rearranging and altering connections between affect and thought and also in refocusing attention from debilitating self-absorption to renewed interest in the external world. Using hypnotically induced imagery, the patient can re-experience, decathect and re-integrate memories related to the loss.

Hohmann's (1975) stages of rehabilitation are similar to the above mourning stages but with an additional stage; after depression comes a reaction against dependence, before personality reconstruction can occur. Dealing with dependence-independence matters is a vital, additional part of the rehabilitation process.

Livneh and Evans (1984) described adjusting to disability with behavioral correlates and intervention strategies. Twelve phases were presented which essentially combined the descriptions previously used by Fromm, Eisen and Hohmann, but with more differentiation of both the initial reactions and the later self-concept changes. They placed less emphasis upon reaction against dependence than Hohmann.

In the present authors' experience, hypnosis is particularly valuable in rehabilitation for several reasons: (a) Positive imagery can be helpful in de-emphasizing negative mental experiences that may be blocking positive action, (b) A distorted body image may be changed into self-acceptance as hypnosis allows the patient to take a realistic, positive view, (c) The relaxation aspect can be used to counteract or moderate hyperactivity, depression, and/or lethargy. Imagery is used to release creative potential. With increased self-acceptance, the patient is less afraid of change and is more likely to interact with family members, peers and community. Hopefully after therapy, we have an individual reaching outward without guilt, grief, protest or denial, dealing with the reality of loss and yet functioning at an acceptable level. Typically, hypnotherapy should be viewed as a process, extending over a period of time, paralleling the patient's psychological adjustment phases to the injury.

Map for Therapy in a Rehabilitation Setting--
A Theoretical Framework

The present authors have integrated hypnotherapy into the rehabilitation process for relatively stable patients. These patients have some personal coping resources but are still under stress from

trauma. The minimum goal is relaxation, whereas the ultimate goal is personality reconstruction. Readiness and motivation of the patient is important in achieving personality reorganization. Also, the patient's trust in the therapist is a major factor related to therapeutic progress.

When integrated within the rehabilitation process, hypnotherapy follows several stages. Initially mutual rapport, trust and acceptance are important; they provide crucial background for educational aspects during hypnosis. These aspects precede learning the use of relaxation techniques, paving the way for later self-hypnosis.

Identification of major problem(s) is vital, which may reveal damaging imprinting in the disabled going through trauma and receiving little positive environmental reinforcement. Throughout this period, the therapist provides support and/or acts as an identification figure as appropriate. The therapist makes suggestions that the patient not be anxious so that varied options can be considered.

As the patient, achieving a degree of relaxation, learns the hypnotic tools, other hypnotic skills could be utilized to increase perceptual-affective changes. Imagery is used to build upon already utilized relaxation. Although Kroger and Fezler (1976) recommended imagery using five senses, in rehabilitation we focus in more detail on imagery about the person's specific loss. For example, adventitiously blind persons visualize through vivid imagery a happy, relaxing scene.

Devastation of body-image can now be dealt with therapeutically. In the majority of disabled persons, sexual confidence has been undermined. Several hypnotherapists (Crasilneck, 1982; Freese, 1976; Hall & Grant, 1976; Kroger & Fezler, 1976) have successfully utilized

sexual visualization in working through sexual psychogenic problems by using successful sexual imagery. Self-perception and attitudes of others towards the physical self are very important.

The patient needs to have confidence in social skills and mental competency and to see self as capable of assuming responsibility. Confidence and positive attitudes can be conveyed through hypnosis, either by direct or indirect suggestion and imagery.

From patients' cases the authors have seen, a classic example of sexual dysfunction would be the case of J.G., age 50, treated using ego building suggestions similar to Kroger and Fezler's model. This patient had developed overnight sexual dysfunction, after having been diagnosed as legally blind. Then for four years, he was unable to have an erection. Hypnotic recall of specific sexually arousing experience helped him create an erotic image. The recall of the specific situation freed J.G. to draw on actual memory, which produced a normal erection. After four one hour sessions, J.G. regained normal erectile ability to reestablish pleasurable sexual relations with his wife.

In hypnosis, the patient can say necessary "goodbyes" to the destroyed body part. The therapist maps a metaphoric scenario for the goodbye, and it is the patient's responsibility to use it. The patient may say goodbye to family members, unattainable dreams and unreachable goals. The goodbyes are followed by a positive hypnotic note expressing "hello to life" and realistic hope for the future. It is possible the patient who has suffered some devastation will need to make new choices. The therapist tries to imbed positive attitudes during a crisis situation.

Often hypnotic suggestions help individuals develop an internal accepting view of the self they have become and take charge of their interpersonal life. Suggestions are given to help the patient have realistic free choice in evaluating other's view of him or her. Through hypnosis, the patient learns not to unnecessarily focus on the negative reaction of others but to consider the source instead. A hypnotic session, where the patient rehearses in memory positive compliments from other people and the therapist, is used to implant positive attitudes. The authors have applied hypnotherapy to several problem areas characteristic of various rehabilitation patients. These include loss of aspects of body image, loss of self-reliance and being burdened by shame, guilt, anxiety, distrust and despair.

The rehabilitation process is more inclusive than any one induction because it is an adaptive sequence. Within the rehabilitation process, we develop ways for the patient to take charge of life at least partially. A modified life style is developed through unmaking of the patient's unrealistic, self-limiting decisions by means of a redecision process. The making of choice is put into a constructive context with emphasis upon change for a new start. With new patient potentials unfolding and being supported by an accepting therapist, individual value expression is translated into a life-style pattern. Ultimately, self-hypnosis enables the patient to take charge of responsibility and choice. The positive words we drop to embed a sense of success and confidence, both formally and informally, support the hypnosis through interpersonal interaction with the patient. This is an indirect type of hypnosis. We have positive attitudinal indirect sets that are conveyed subconsciously to the patient through a wide range of interactional

modalities, e.g., positive attitudes, positive expectations for the future and leadership-in-crisis type attitudes.

A major problem for disabled persons is coming to grips with destructive feelings, such as guilt, distrust, anger, despair and anxiety. A possible hypnotic approach is rehearsal of best and worst which should always end on a positive note. C.H. Lankton (1983) described an Ericksonian approach whereby a negative symptom is placed into a positive framework thus resulting in change. The patient faces the worst and takes away dread and fear underneath behavior. The use of metaphors stimulates search within the unconscious of the person; this approach gently brings into reality some of those negative feelings that are aired and possibly modified in a type of personality reconstruction.

On occasion, it is advisable to use a psychological shock approach (Erickson, 1980) for breaking up maladaptive attitudes and patterns of behavior; thus, the therapist helps the patient integrate his or her life learnings in a more realistic, constructive manner. Psychological shock sets up the conditions for a creative moment when a new insight or behavior change may take place in the patient.

Post-hypnotic suggestion is a safeguard to help the patient ameliorate negative experiences later in real life when negative thoughts occur. For example, the patient can be instructed to snap the fingers, or make a tight fist, or use gentle self-touch, as a signal to deepen relaxation. Also, we emphasize reliving positive imagery and pleasant scenes. Homework instructions accentuate positive imagery and often include listening to tapes as well as using self-hypnosis.

One productive approach we have applied with handicapped persons is the use of a split T.V. screen where the patient initially visualizes

negative images on the left and positive on the right; eventually, the whole screen is used to provide a blending of negative into positive images. Instructions given to the hypnotized patient are as follows: 'You have a T.V. screen in front of you. Split the screen in the middle. First, visualize the word "UNHAPPY" to the left and the word "HAPPY" to the right. Second, visualize the word "UNHAPPY" moving across the screen to the right. Because you are now relaxed and optimistic, the word "UNHAPPY" will gradually change to "LESS UNHAPPY," as it reaches the middle of the screen. Continuing to move the word across the screen, you begin feeling more positive, and when the word "LESS UNHAPPY" reaches the extreme right, it will blend into the word "HAPPY." In the meanwhile, "UNHAPPY" and "LESS HAPPY" have become blank spaces; only "HAPPY" will remain on the screen.'

Mr. J. L. was a patient unable to utilize his remaining vision due to extreme anxiety. During trance state, he rehearsed mental imagery wherein he pictured himself as totally bivisual. The split screen as just described above was the main device used to reduce anxiety. The patient as well as the optometrist working with him saw considerable progress in his capacity to "see" the written word. This procedure coincided with sight improvement in the patient and his increase in confidence.

This change could be interpreted as a special psychological state which breaks the patient's conscious and habitual associations, similar to Erickson's "tipping the first domino," where all that was needed was the correction of one behavior so that the other inhibitions topple like dominoes, Erickson (1980, p. 454). When one lock is picked, all other locks become vulnerable. Another way of interpreting this change would

be from Stanton's frame of reference (1977b), changing attitude is accomplished quickly through the process of thought switching (patient encouraged to eliminate depressing thoughts and fill the mind with optimistic ideas).

Dealing with the future goals of the patient is very important in rehabilitation therapy. As the patient is leaving therapy, therapeutic indirect suggestions are used to create positive imagery of future potentialities. The patient's mixed feelings about the future are surrounded with positive elements. During the final stages, hypnotherapy deals with future goals.

A possible hypnotherapeutic approach, shaping future goals, could be patterned after C.H. Lankton (ibid., 1983), with addition of indirect suggestions about the client's strength plus concentrated positive stroking at the completion of treatment. There is conscious, verbal reinforcement of the patient's worth and goals. As the final goodbye is said, the therapist serves as a mirror reflecting the patient's expectations and hopes.

Conclusion

Building self-esteem is of vital importance to therapeutic progress; the importance of adequate self-concept has been well documented in the literature. It is our clinical experience that self-esteem building through hypnosis speeds up rehabilitation and alleviates pain and stress. Our inferences are drawn from multiple incidents of clinical experience. Self-esteem building facilitates goal formulation in the rehabilitation patient. The content of our therapeutic approach is eclectically determined with hypnosis as major

treatment modality. The final goal is adequate ego functioning and self-esteem building with basically normal patients who are emotionally distressed because of traumatic loss. Treatment is individualized to meet the patient's needs.

It is difficult to do a pristine research study of the efficacy of hypnotic ego building because of many uncontrolled factors and lack of an adequate control group with longitudinal follow-up measurements. Carefully planned scientific studies and follow-up data are very scarce in the literature. Well-designed research studies are needed for establishing scientifically the usefulness of hypnotic ego building in a rehabilitation setting.

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